



Pre-Admission Statement of Health

THIS FORM IS TO BE FILLED OUT BY A PHYSICIAN

Child's Name: _____

Birth Date: _____ Sex: _____

Child's Social Security Number (if available) _____

Height: _____ Weight: _____

Date of Exam: _____

MEDICAL HISTORY

Diseases:

| | | | |
|----------------|-------|----------------|-------|
| Asthma | _____ | Pneumonia | _____ |
| Chicken Pox | _____ | Whooping Cough | _____ |
| Heart Disorder | _____ | Diphtheria | _____ |
| Measles | _____ | Mumps | _____ |
| Rubella | _____ | Other | _____ |

Congenital Malformations _____

Allergies (drug, food, etc.) _____

Is there any reason that this child cannot be immunized? _____

Any other concerns regarding the admittance of this child into Kidz, Kidz, Kidz Preschool & Early Development Center

Does this child have any special problems or concern which a child care program would be unable to deal with? _____

Results of Examination: _____

Name of Physician: _____

Signature of Physician: _____ Date: _____